



MassHealth Pediatric Behavioral Health Medication Initiative

BACKGROUND

The Pediatric Behavioral Health Medication Initiative proactively requires prior authorization for pediatric members (generally members less than 18 years of age) for certain behavioral health medication classes and/or specific medication combinations (i.e., polypharmacy) that have limited evidence for safety and efficacy in the pediatric population.

As part of this initiative and beginning with the November 2014 MassHealth Drug List update, the following situations will require a prior authorization:

1. **Behavioral health medication polypharmacy:** pharmacy claims for any combination of four or more behavioral health medications (i.e., alpha₂ agonists, antidepressants, antipsychotics, armodafinil, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, donepezil, hypnotic agents, memantine, modafinil, mood stabilizers [agents considered to be used only for seizure diagnoses are not included], naltrexone, and viloxazine) within a 45-day period for members less than 18 years of age;
2. **Antipsychotic polypharmacy:** overlapping pharmacy claims for two or more antipsychotics for at least 60 days within a 90-day period for members less than 18 years of age;
3. **Antidepressant polypharmacy:** overlapping pharmacy claims for two or more antidepressants for at least 60 days within a 90-day period for members less than 18 years of age;
4. **Cerebral stimulant polypharmacy:** overlapping pharmacy claims for two or more cerebral stimulants (immediate-release and extended-release formulations of the same chemical entity are counted as one) for at least 60 days within a 90-day period for members less than 18 years of age;
5. **Mood stabilizer polypharmacy:** overlapping pharmacy claims for three or more mood stabilizers (agents considered to be used only for seizure diagnoses are not included) for at least 60 days within a 90-day period for members less than 18 years of age;
6. **Benzodiazepine polypharmacy:** overlapping pharmacy claims for two or more benzodiazepines (hypnotic benzodiazepine agents, clobazam, nasal and rectal diazepam, and nasal midazolam are not included) for at least 60 days within a 90-day period for members less than 18 years of age;
7. **Antidepressant, antipsychotic, armodafinil, atomoxetine, benzodiazepine, buspirone, donepezil, hypnotic, memantine, modafinil, mood stabilizer (agents considered to be used only for seizure diagnoses are not included), naltrexone, or viloxazine** pharmacy claim for members less than six years of age;
8. **Alpha₂ agonist or cerebral stimulant** pharmacy claim for members less than three years of age.

The reference table below lists the behavioral health medications included in the Pediatric Behavioral Health Medication Initiative. Further information on the prior authorization requirements, including approval criteria, can be found within the MassHealth Drug List at www.mass.gov/druglist.

Pediatric Behavioral Health Medication Initiative Medication List¹

Antidepressants		Mood Stabilizers	
amitriptyline	levomilnacipran	carbamazepine	lithium
amoxapine	maprotiline	divalproex	oxcarbazepine
bupropion	mirtazapine	eslicarbazepine	pregabalin
citalopram	nefazodone	gabapentin	topiramate
clomipramine	nortriptyline	lamotrigine	valproic acid
desipramine	paroxetine	Antianxiety Agents	
desvenlafaxine	phenelzine	alprazolam	clorazepate
doxepin	protriptyline	buspirone	diazepam ³
duloxetine	selegiline ²	chlordiazepoxide	lorazepam
escitalopram	sertraline	chlordiazepoxide/ amitriptyline	meprobamate
esketamine	tranylcypromine	clonazepam	midazolam ³
fluoxetine	trazodone		oxazepam
fluvoxamine	trimipramine	Hypnotics	
imipramine	venlafaxine	daridorexant	suvorexant
isocarboxazid	vilazodone	doxepin ⁴	temazepam
Antipsychotics		estazolam	triazolam
aripiprazole	olanzapine	eszopiclone	zaleplon
asenapine	olanzapine/fluoxetine	flurazepam	zolpidem
brexpiprazole	olanzapine/samidorphan	lemborexant	
cariprazine	paliperidone	Alpha ₂ Agonists	
chlorpromazine	perphenazine	clonidine	guanfacine
clozapine	perphenazine/amitriptyline	Stimulants	
fluphenazine	pimozide	amphetamine	lisdexamfetamine
haloperidol	quetiapine	dexmethylphenidate	methamphetamine
iloperidone	risperidone	dextroamphetamine	methylphenidate
loxapine	thioridazine	dextroamphetamine/ amphetamine	serdexmethylphenidate/ dexmethylphenidate
lumateperone	thiothixene	Miscellaneous	
lurasidone	trifluoperazine	armodafinil	modafinil
molindone	ziprasidone	atomoxetine	naltrexone ⁵
		donepezil	viloxazine
		memantine	

¹Short-acting intramuscular injectable and intravenous formulations are excluded from the Pediatric Behavioral Health Medication Initiative requirements.

²Emsam (selegiline) is the only selegiline formulation included in the Pediatric Behavioral Health Medication Initiative.

³Nasal and rectal diazepam and nasal midazolam formulations are excluded from the Pediatric Behavioral Health Medication Initiative requirements.

⁴Doxepin tablet is classified as a hypnotic agent and the Pediatric Behavioral Health Medication Initiative requirements for antidepressants do not apply. Pediatric Behavioral Health Medication Initiative requirements for hypnotics apply.

⁵Vivitrol (naltrexone injection) is excluded from the Pediatric Behavioral Health Medication Initiative requirements.